

Michelle Lujan Grisham, Governor Kari Armijo, Acting Secretary Alex Castillo Smith, Deputy Secretary Kathy Slater Huff, Acting Deputy Secretary Lorelei Kellogg, Acting Medicaid Director

DEPARTMENTAL MEMORANDUM MAD-MR: 23-01 DATE: March 28, 2023

TO: ISD AND MAD STAFF

FROM: LORELEI KELLOGG, ACTING MEDICAID DIRECTOR

THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: JOSEPH MIRABAL, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

SUBJECT: APRIL 2023 FPL UPDATE - MAD 222 AND MAD 029

GENERAL INFORMATION

The MAD 222 AFFORDABLE CARE MEDICAID PROGRAMS and the MAD 029 AGED, BLIND, AND DISABLED MEDICAID forms have been updated to reflect 2023 Federal Poverty Level Guidelines effective April 1, 2023.

Please update the Forms Manual Index and insert copies of the revised MAD 222 and MAD 029 forms in the manual.

FILING INSTRUCTIONS

Please make the following replacements in the Medical Assistance Eligibility Manual:

DELETE MAD 222 dated 4-1-22 INSERT MAD 222 dated 4-1-23 DELETE MAD 029 dated 4-1-22 INSERT MAD 029 dated 4-1-23

Please address any questions regarding this MR to Joseph Mirabal at joseph.mirabal@hsd.nm.gov or (505) 709-5408.

Attachments: MAD 222 MAD 029



Women, Children, & Family Medicaid Categories

Federal Poverty Level (FPL)

Effective 4/1/23 – 3/31/24

Category 029 - Family Planning						Category 031 – Newborn Medicaid						
 Category 029 - Family Planning Covers Family Planning Services Only Income must be under 250% FPL No Centennial Care Organization (MCO) No other health insurance Coverage up to age 51 Individuals who are under the age of 65, who only have Medicare coverage and no other health insurance 						 Offers 13 months of full Medicaid beginning the first day of th birth month if: The newborn is born to a mother receiving New Mexico Medicaid at the time of birth (including retro-active Medicaid and EMSNC) A Notification of Birth (NOB) MAD 313 form may act as an application, if submitted to HSD by the Medical service provider where the birth occurred proving citizenship The infant continues to reside in New Mexico 						
Category 100 - Other Adults						Category 200 - Parent Caretaker						
 Alternative Benefit Package Income must be under 133% FPL No Medicare or Medicare entitlement on this category No Pregnancy at new application 						 Full Medicaid Income must be under the Fixed Standard Household must have a relative child in the home under the age of 18 (5th degree of relation if not the 						
Category 300 - Full Pregnant Woman						parent) Category 301 - Pregnancy Services Only						
 Full Medicaid Income must be under the Fixed Standard 12 months post-partum period Categories 400, 401, 402, 403 - Children's Medicaid Full Medicaid for children up to age 19 Eligible even if children have other health insurance or have voluntarily dropped insurance Income must be under the following FPL: 400 Children 0 - 5 — 0% - 200% 401 Children 6 - 18 — 0% - 138% 403 Children 6 - 18 — 138% - 190% 					 Pregnancy Services only (considered FullMedicaid) Income must be under 250% FPL 12 months post-partum period Categories 420, 421 - Children's Health Insurance Program (CHIP) Full Medicaid for children up to age 19 No other health insurance No co-payments Income must be under the following FPL: 420 Children 0 - 5 — 240% - 300% 421 Children 6 - 18 - 190% - 240% 							
Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable	
1	\$451	\$1,215	\$1,616	\$1,677	\$2,309	\$2,430	\$2,856	\$2,916	\$3,038	\$3,645	\$61	
2	\$608	\$1,644	\$2,186	\$2,268	\$3,123	\$3,287	\$3,862	\$3,944	\$4,109	\$4,930	\$82	
3	\$765	\$2,072		\$2,859	\$3,937	\$4,144	\$4,869	\$4,972	\$5,180	\$6,215	\$104	
4	\$923	\$2,500		\$3,450	\$4,750	\$5,000	\$5,875	\$6,000	\$6,250	\$7,500	\$125	
5	\$1,080	\$2,929		\$4,042	\$5,564	\$5,857	\$6,882	\$7,028	\$7,321	\$8,785	\$146	
(\$1,238	\$3,357	\$4,465	\$4,633	\$6,378	\$6,714	\$7,889	\$8,056 \$9,084	\$8,392	\$10,070	\$168 \$189	
6		A2 705			N 7 1077			KU HX/I	NU /163	NII 255	NIXU	
6 7 8	\$1,395 \$1,553	\$3,785 \$4,214		\$5,224 \$5,815	\$7,192 \$8,006	\$7,570 \$8,427	\$8,895 \$9,902	\$10,112	\$9,463 \$10,534	\$11,355 \$12,640	\$211	

• COE 402, 403, the 5% FPL disregard applies only when other health insurance exists for the applicant

• COE 200, the 5% FPL disregard applies only if age 65 and above <u>**OR**</u> Medicare eligible

• No resource standard for MAGI Medicaid categories



AGED, BLIND AND DISABLED

MEDICAID PROGRAMS

FEDERAL POVERTY LEVELS

				sions, WDI, and IC/ Effective: 1/1/2023	Waivers				
 SSI Extensions- DAC, Widower, 503 Lead/Pickle Income must be below SSI FBR once disregards are deducted FBR for SSI recipient Individual \$914 Couple \$1,371 Resources below Individual \$2,000 Couple \$3,000 Full coverage Medicaid category 			 WDI-Working Disabled Earned income up to 250% FPL for a single and couple Unearned income before disregards and deductions Single \$1,847 Couple \$2,761 Quarterly Earnings \$1,640 Full coverage Medicaid Must be working and disabled Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU 			 IC/Waiver Income standard \$2,742 Net income for IDTs \$2,741 Resource Limit \$2,000 Average cost of nursing facility \$8,275 MMMNA \$2,289 (7/1/22) Excess shelter Max \$1,427 Min \$687 (7/22) MMMNA + Excess Shelter = \$3,716 CSRA-Fed Max \$148,620 CSRA-State Min \$31,290 Personal Needs Allowance \$83 (7/22) Trustee Fee 3% net income standard-\$82.23 Excess Home Equity for LTC Services-\$688,000 			
			Fede	icare Savings Progra eral Poverty Level (Fl etive: 4/1/2023-3/31/2	PL)				
 Income u Will pay Eligibilit month of No retroat Covers: Medicare (2023) Medicare Medicare Medicare Medicare Medicare 202 202 202 	 Income up to 100% FPL Will pay conditional Part A premium Eligibility begins the month after the month of approval No retroactive months Covers: Medicare PT B Premium-\$164.90 (2023) Medicare PT A Premium \$506 (2023) Medicare Co-pay amounts Medicare deductibles: 2023 Hospital \$1,600 2023 Doctor \$226 			ified Low Income Medicare ficiary (SLIMB) ncome 100%-120% FPL Vill NOT pay Conditional PT A Eligibility begins the month of approval Jp to 3 months of retroactive coverage ers: Medicare PT B Premium Only! No ther benefit coverage No Medicaid card is issued Deemed LIS eligible for Medicare Part D			 Qualified Individuals (Q1-1) Income 120%-135% FPL Will NOT pay for Conditional PT A Eligibility begins the month of approval Up to 3 months of retroactive coverage Covers: Medicare PT B Premium Only! No other benefit coverage No Medicaid card issued Deemed LIS eligible for Medicare Part D 		
	HOUSEHOLD SIZE		0%	120%	135%		250%		
	1		15.00	\$1,458.00	\$1,641.0		\$3,038.00		
	2		44.00	\$1,972.00	\$2,219.0		\$4,109.00		

1	\$1,215.00	\$1,458.00	\$1,641.00	\$3,038.00
2	\$1,644.00	\$1,972.00	\$2,219.00	\$4,109.00
3	\$2,072.00	\$2,486.00	\$2,797.00	\$5,180.00
4	\$2,500.00	\$3,000.00	\$3,375.00	\$6,250.00
5	\$2,929.00	\$3,514.00	\$3,954.00	\$7,321.00
6	\$3,357.00	\$4,028.00	\$4,532.00	\$8,392.00
7	\$3,785.00	\$4,542.00	\$5,110.00	\$9,463.00
8	\$4,214.00	\$5,056.00	\$5,688.00	\$10,534.00
+1	\$429	\$514	\$578	\$1,071

2023 Federal Cost of Living Adjustment is 8.7%

*Resource Guidelines no longer apply to MSP Categories (QMB/SLIMB/QI1)